

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



December 8, 1999

ALL-COUNTY INFORMATION NOTICE NO. I-91-99

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY CAPI PROGRAM MANAGERS
ALL COUNTY FISCAL OFFICERS

REASON FOR THIS TRANSMITTAL

- ☒ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☒ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

**SUBJECT: CHANGES TO THE CASH ASSISTANCE PROGRAM FOR
IMMIGRANTS (CAPI) MONTHLY CASELOAD MOVEMENTS
STATISTICAL REPORT (CA 1037) AND ASSISTANCE CLAIM**

REFERENCE: ACL 99-56

The purpose of this letter is to inform you of an upcoming change to the current CAPI Monthly Caseload Movement Statistical Report form (CA 1037) CAPI Assistance Claim. The CA 1037 will be modified to collect data on the new Medi-Cal Eligibility Determination System (MEDS) code (6T) which has been established for recipients of time-limited CAPI.

A corresponding change will be made to the Assistance Claim for CAPI. Counties were informed about this new CAPI eligibility code in ACL 99-56, dated August 30, 1999. Counties should begin flagging these cases for tracking purposes retroactive to October 1, 1999.

A separate ACL transmitting instructions, the revised CA 1037 and CFL 99/00-36 with instructions for claiming the assistance payments for these clients will be forthcoming shortly.

Any questions regarding this information notice can be directed to your Adult Programs Branch, Operations and Technical Assistance Analyst at (916) 229-4000.

Sincerely,

*Original Signed By**Donna L. Madelstam on December 8, 1999***DONNA L. MANDELSTAM**

Deputy Director

Disability and Adult Programs Division